



INCIDENT REPORT FORM

Please return this form to:
PA Parks & Forests Foundation
704 Lisburn Road | Suite 102
Camp Hill, PA 17011
Fax: 717.236.0972

If there has been any incident or accident during your friends group activity or event involving either injury or property damage, please provide the following information to PA Parks & Forests Foundation. We will keep this information on file in the event of a future insurance claim, so please be as specific and detailed as possible when providing the requested information. Thank you!

Name of Event

Contact Name

Title

Address

City

PA State

ZIP Code

Telephone

Fax

Email

Date and Time of Incident

Location of Incident

Briefly describe how the incident occurred and what action was taken in response to it. Please provide fully your observations of the injured party. Was this person taken by ambulance for treatment of injuries? If so, where was the person transported? If property was damaged, please describe what happened. (Use reverse if necessary)

Name of Injured Party

Date of Birth

Address

City

State

ZIP Code

Telephone

Fax

Email

Name of Witness

Date of Birth

Address

City

State

ZIP Code

Telephone

Fax

Email

Name of Witness

Date of Birth

Address

City

State

ZIP Code

Telephone

Fax

Email